(SPACE BELOW FOR FILING STAMP ONLY) WANGER JONES HELSLEY, PC Riley C. Walter #91839 265 East River Park Circle, Ste. 310 Fresno, CA 93720 Telephone: (559) 233-4800 Facsimile: (559) 233-9330 5 E-mail: rwalter@wihattorneys.com 6 Chapter 9 Counsel for Debtor Tulare Local Healthcare District 7 IN THE UNITED STATES BANKRUPTCY COURT 8 9 EASTERN DISTRICT OF CALIFORNIA 10 FRESNO DIVISION 11 In re CASE NO. 17-13797 12 TULARE LOCAL HEALTHCARE Chapter 9 13 DISTRICT, dba TULARE REGIONAL MEDICAL CENTER. DC No.: WJH-2 14 Debtor. 15 Tax ID #: 94-6002897 16 Address: 869 N. Cherry Street 17 Tulare, CA 93274 18 DECLARATION OF DANIEL R. HECKATHORNE IN SUPPORT OF DEBTOR'S 19 OBJECTION TO PROOF OF CLAIM NUMBER 186 IN THE AMOUNT OF \$2,370,060 20 FILED BY THE DEPARTMENT OF HEALTH CARE SERVICES **ON APRIL 3, 2018** 21 22 23 24 25 26 27 28 -1-

DECLARATION OF DANIEL R. HECKATHORNE

- 1. My name is Daniel R. Heckathorne. I am the interim Chief Financial Officer of the Tulare Local Healthcare District (the "District"). The Board of Directors ("Board") of the District appointed me to the position of Interim Chief Financial Officer at the meeting of the Board of Directors conducted on November 7, 2017, which was documented in Resolution No. 855 signed by the Secretary of the Board on November 10, 2017. I am authorized to make this declaration on behalf of the District. If called upon as a witness, I could and would competently testify to the facts set forth herein.
- 2. As the Interim Chief Financial Officer of the District, my duties include overseeing accounting functions, budgets, financial risk management and financial statements, as well as reporting on financial performance. I also oversee areas related to patient accounting and revenue cycle management, cash management processes including billing, collections, accounts receivable, accounts payable, and financial reporting and month-end close processes, which includes payment and reconciliation of Medicare and Medicald (Medi-Cal) reimbursements. As part of those duties, I am familiar with the District's business records related to my job duties. This declaration is based on matters of my own personal knowledge or knowledge I have gained from a review of the District's business records, which I believe have been maintained in the ordinary course of the District's business and which were made at or near the time of the acts or events recorded therein by, or from information transmitted by, a person with knowledge of the acts or events who had personal knowledge of the event and had or has a business duty to record such event accurately.
- 3. I have read and reviewed Proof of Claim 186 filed by the Department of Health Care Services ("DHCS") in the amount of \$2,370,060 ("Claim"), a true and correct copy of which is attached as Exhibit "A" to my declaration. Based on my review of the Claim, it is my understanding that DHCS asserts that the Claim is for an overpayment of supplemental reimbursement funds paid to the District under the Disproportionate Share Hospital ("DSH") program for the 2013/14 payment year.

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Based on my experience, it is my understanding that the DSH program is a program available to eligible hospitals that provide services to a large amount of uninsured individuals and Medi-Cal beneficiaries, and is administered by DHCS. It is also my understanding that the Tulare Regional Medical Center was eligible to receive DSH funds.

- 4. After I became the Interim Chief Financial Officer, I directed individuals working under my supervision to compile the data requested by the DHCS for the DSH audit for the 2013/14 payment year, and to submit such data to Myers and Stauffer LC, the auditors working for the DHCS ("DSH Auditors"). Marcus Armstrong, who works under my supervision, compiled the data and on October 29, 2018, requested that the DSH Auditors provide instructions as to how that data should be transmitted to the DSH Auditors. That same day, Mike Davis, a Senior Manager with the DSH Auditors, confirmed that the District had provided the DSH Auditors with the required information regarding Medicare and Medical payments for the 2013/14 payment year, and that it would not need additional data unless the Centers for Medicare and Medicaid ("CMS") prevailed in litigation with certain hospitals. A true and correct copy of an e-mail exchange reflecting these communications is attached to my declaration as Exhibit "B." As far as I am aware, the DSH Auditors have not requested any additional data be provided.
- 5. On October 15, 2018, the DHCS sent a letter to hospital administrators which stated that the DSH audit for the 2013/14 payment year were calculated based on a methodology that has been determined to be invalid and unenforceable, and that DHCS had suspended its effort to recoup DSH funds on that basis. A true and correct copy of the October 15, 2018 letter is attached as Exhibit "C" to my declaration. For those reasons, I believe that the District does not owe DHCS for any overpayment of DSH funds for the 2013/14 payment year asserted in the Claim.

I declare under penalty of perjury that the foregoing is true and correct. Executed on Jun 2 2019. Daniel R. Heckathorne -4- C:\Users\dheckathorne\AppData\Local\Microsoft\Windows\Te